MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. | FILING DATE
APPLICANT(S)

10/019318

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		03				
2		1					52		03				
3		1					53		03				
4		4					54						
5		4					55						
6		4					56						
7		4					57						
8		4					58						
9		4					59						
10		4					60						
11		4					61						
12		4					62						
13		4					63						
14		4					64						
15		4					65						
16		4					66						
17		4					67						
18		4					68						
19		4					69						
20		4					70						
21		4					71						
22		4					72						
23		4					73						
24		4					74						
25		4					75						
26		4					76						
27		4					77						
28	1						78						
29		1					79						
30		1					80						
31		3					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		3					97						
48		3					98						
49		3					99						
50		3					100						
TOTAL	2						TOTAL IND.						
TOTAL	124						TOTAL DEP.						
TOTAL CLAIMS	14						TOTAL CLAIMS						